

Evaluation Record Form

(This form should be duplicated to provide one for each evaluation opportunity)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
AUXC Evaluator's Name:
Incident/Office Title and Agency:
AUXC Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
AUXC Evaluator's Initials:
AUXC Evaluator's Relevant Qualification:

Form Version: March 2019